JUL 21 1933 JUL 12 '33

STATISTICAL BULLETIN

METROPOLITAN LIFE INSURANCE COMPANY

VOLUME XIV JUNE · 1933 NUMBER 6

Is the Urban Birthrate Falling Faster than the Rural?

PROVISIONAL figures recently released by the UNITED STATES BUREAU OF THE CENSUS seem to indicate that the fall in the birthrate so characteristic of the present time is largely concentrated in urban districts; that the decline is much less marked in rural areas, and, in fact, that in a number of states rural areas experienced an actual increase of the birthrate, from 1931 to 1932.

While, thus broadly stated, the situation may be as indicated, these provisional figures must be construed with great caution. Their acceptance at their face value might lead us into a very erroneous view of the true situation. The tide of migration has recently turned. We have long been accustomed to a drift of the population from the country to the cities. The depression reversed the current, and in the course of the last two or three years it has been unofficially estimated that at least two million persons have been added to the rural population at the expense of the cities. The BUREAU OF AGRICULTURAL ECONOMICS has recently estimated our farm population to be 32,242,000*, which is higher than ever before. Estimates of birthrates that do not fully take account of this drift back to the land may be seriously in error. They will overstate the birthrate of rural areas, since, in calculating the ratio of births to population, too small a divisor is used; and they will understate the birthrate of cities because here, too large a divisor has been used. We can form some idea of the magnitude of the error that would result from a disregard of the effect of migration. In round numbers the urban and the rural population are each roughly one-half of the total population, say sixty millions. If we make the denominator of our fraction for rural districts too small by two millions, the computed rural birthrates will come out about 3 per cent. too high, and the urban birthrates will come out about 3 per cent. too low. Thus a rural and an urban district with actually identical birthrates may appear to differ by as much as 6 per cent.

Let us see what a picture the provisional birthrate figures present when viewed in the light of this con-

*This figure refers solely to population actually on farms. The rural population of the birth registration area comprises also the inhabitants of communities of up to 10,000 persons.

sideration. According to the provisional figures, as published, actual increases are shown for the following seven states: Delaware, Georgia, Nevada, New Hampshire, North Carolina, South Carolina and Virginia. In addition to these, Alabama and Mississippi show no decrease, their birthrates for 1931 being identical with those for 1932. It is to be noted that these states with seemingly increasing or stationary birthrates are nearly all states with predominantly rural populations and large negro populations. The greatest increase is shown for the State of South Carolina, namely from 22.7 per thousand in 1931 to 23.7 in 1932, an increase of 4.4 per cent. In the other states the increase was small.

Now we have seen that these reported, mainly rural, birthrates may be overstated by about 3 per cent. It is quite possible, therefore, that South Carolina is the only state in which there may have been an actual increase in the rural birthrate, and even this is doubtful.

In addition to the states enumerated, the District of Columbia, a wholly urban area, also shows an increase in the birthrate from 1931 to 1932, according to the provisional figures. But this is a relatively small area, which does not figure prominently in the statistics of the population of the United States.

In the case of cities the correction of the provisional figures on account of migration would tend to work in the opposite direction, the corrected birthrates would presumably be higher than the provisional figures, and with continuing migration away from the cities, the tendency would be for the birthrates in the later year, 1932, to be understated in somewhat greater degree than that for the earlier year 1931. But any correction which might be applied on this account, if all the detailed information necessary were available, would hardly change the direction of the general trend. With few exceptions, the large cities show reduced birthrates, as compared with 1931. Among the more noteworthy examples of those showing large declines are Bridgeport, Hartford, Indianapolis, Des Moines, Detroit, Newark, Akron, Cincinnati, Cleveland, Dayton, Toledo, Youngstown, Oklahoma City, Pittsburgh and Milwaukee. A few, among them Atlanta, St. Paul, Jersey City, Scranton, Wilkes-Barre and Seattle, registered increases.

Disregarding now the distinction between urban and rural districts, we find that the great majority of the states show more or less definite declines. So, the provisional figures for Arizona show a fall from 21.1 in 1931, to 18.0 in 1932; that is, 14.7 per cent.; Vermont, a decline from 18.5 in 1931, to 15.9 in 1932; that is, 14.1 per cent.; and Arkansas, from 22.0 to 19.2, or 12.7 per cent. These stand out in bold relief from all the rest, as no other state registered a drop of more than 8 per cent. Colorado, Connecticut, Michigan, Nebraska, North Dakota and Oklahoma showed declines of 7 to 8 per cent.; and California, Idaho, Illinois,

Indiana, Montana, New Jersey, Ohio, Pennsylvania and Wyoming, of between 5 and 7 per cent.

The fragmentary data on birthrates available for the first quarter of the current year indicate a continued decline. Alabama, which according to the provisional figures had been marking time at a birthrate of 23.5 during 1931 and 1932, shows, for the first quarter of 1933, a rate of 18.9 as against 21.5 in the corresponding period of last year, a drop of 12.1 per cent. Wisconsin similarly shows a drop of 4.3 per cent. In Pennsylvania, Indiana, Arizona and Connecticut, the declines have been pronounced.

The decline in the birthrate is thus seen to be a very general phenomena in which the rural as well as the urban areas are taking part. If certain states with largely rural populations seem to be showing little decline or even an increase, it must be remembered that the provisional figures published between censuses are subject to correction when the effect of internal migration becomes definitely known.

While the provisional figures published by the BUREAU OF THE CENSUS may require modification in point of detail, the general trend which they exhibit is not open to any doubt whatever. Our readers may remember from an article in our issue of September, 1932, that as far back as 1930, the year of the census, the rate of reproduction in our population was barely sufficient to balance our mortality. Now, with the further decline registered, we have undoubtedly passed the balance point. It is only on account of a peculiarity of our age distribution that our birthrate still shows a net excess over the deathrate. This is due to a residual effect of past high birthrates, which gives us at the present time a relatively high proportion of persons in the reproductive ages of life, because persons 20 to 50 years old today were born 20 to 50 years ago under the regime of much higher birthrates than we have with us today. In the course of time this peculiarity of our age distribution will disappear, and then we shall feel directly the actually prevailing low fertility rates. Unless a return to greater fertility should ensue in years to come, or unless changes in the immigration policy should be brought about, allowing for an influx from abroad, we should then have to figure a decreasing population.

Home Accidents Increase Among Adults

THE HOME is becoming a more hazardous place for grown-ups but a safer place for children.

In the experience of the Metropolitan Life Insurance Company, the rate from fatal accidents in the home rose nearly 42 per cent. among persons at ages fifteen and over, between the years 1924 and 1932; and the rate from these accidents, last year, was the highest on record. The increased number of men and

women killed in domestic accidents may be a reflection of the business slump which has forced large numbers of persons to remain at home, who, in normal times, would be employed elsewhere during a large part of the day.

The increased hazard in the home appears to be due entirely to the greater number of fatal accidents involving falls. Each year since 1924 has shown an increasing number of accidents of this type. In that year, one-third of all fatal accidents that occurred to adults, while engaged in activities in and about the home, were due to falls, but in 1932 this single class accounted for more than one-half of all the domestic accidents. With respect to fatalities following accidental burns, no similar increase has been observed; in fact, the deathrate from this class of accident has remained on practically the same level throughout the nine year period. Asphyxiations by gas are fewer now than ever before. Accidents, other than falls, burns and asphyxia by gas, have varied in number from year to year; in the last three years, however, the rate from the group of miscellaneous accidents has been somewhat above average.

Among children, the trend of the deathrate from domestic accidents has been definitely downward. In the experience of the Metropolitan

FATAL ACCIDENTS IN THE HOME

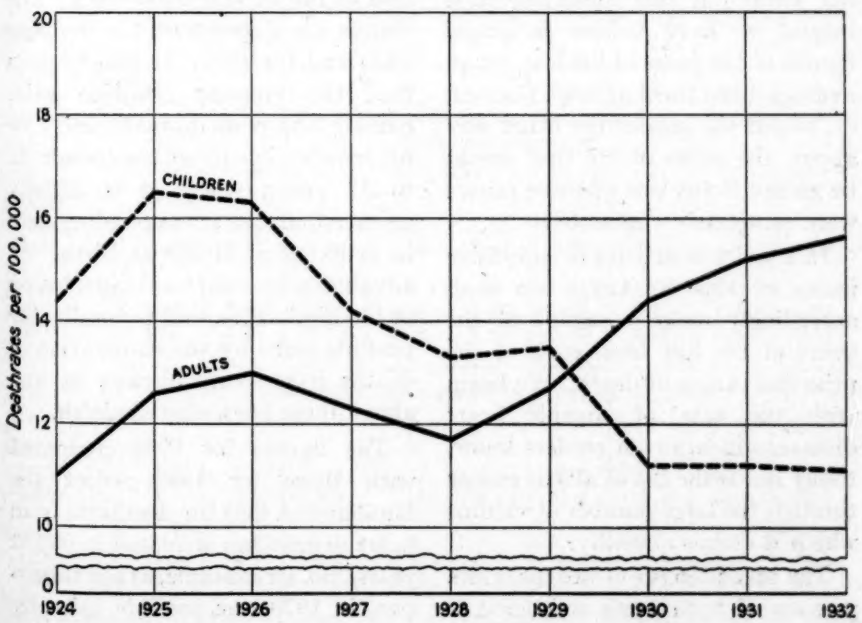
Metropolitan Life Insurance Company. Industrial Department
Weekly Premium-Paying Business

Kind of Accident; Age	Deathrate from Home Accidents per 100,000 Persons								
	1932	1931	1930	1929	1928	1927	1926	1925	1924
All Home Accidents									
Under 15 years	11.1	11.2	11.2	13.5	13.3	14.2	16.3	16.5	14.4
15 years and over	15.6	15.2	14.4	12.7	11.7	12.3	13.0	12.6	11.0
Burns (conflagration excepted)									
Under 15 years	4.6	4.5	5.3	6.1	6.0	6.4	7.4	7.4	6.3
15 years and over	2.1	2.0	2.1	2.2	2.1	2.0	2.2	2.3	2.2
Traumatism by fall									
Under 15 years	1.8	1.8	1.4	1.7	1.5	1.9	2.0	2.0	1.8
15 years and over	8.8	8.1	6.9	5.6	5.0	4.9	4.6	4.4	3.8
Absorption of poisonous gas									
Under 15 years	.3	.3	.2	.5	.3	.2	.6	.4	.5
15 years and over	1.8	2.2	2.4	2.6	2.8	2.8	3.7	2.7	3.0
All other accidents									
Under 15 years	4.4	4.6	4.3	5.2	5.5	5.7	6.3	6.7	5.8
15 years and over	2.9	2.9	3.0	2.3	1.8	2.6	2.5	3.2	2.0

Life Insurance Company, the rate from home accidents declined nearly 23 per cent. among boys and girls below age 15, in the past nine years. A low point in the accident record for children was reached three years ago, and since then the rate has remained at about the same low level. It is interesting to note that, whereas formerly children suffered a higher deathrate from domestic accidents than did adults, the reverse has been true for the three past years. The teachings of the safety education campaigns conducted in the schools seem to have carried into the homes as well as onto the streets, where there has been, also, a reduction in the number of childhood accidents. The decline in the deathrate from domestic accidents among children is largely the result of a significant decrease in the number of accidents involving burns. The decrease in the number of burns resulting fatally accounts for about one-half of the gains made in the reduction of home accidents. The remainder of the gain results from the lower death toll from the miscellaneous group which includes poisoning, cuts and other accidents that occur in the home, to children. Falling is not the frequent cause of child fatalities that it is among adults, and the hazard to children from this source has not increased during the last nine years.

FATAL ACCIDENTS IN THE HOME

Metropolitan Life Insurance Company, Industrial Department



The Years of Life Lost by Heart Disease

ACCORDING to the official list, the multitude of different causes of death is itemized under 200 main divisions; yet among these 200, a mere handful of eight main causes actually account for about seven-tenths of all the deaths in the population. One might therefore well take the position that the battle for the further prolongation of life must be largely concentrated upon this handful of causes. It is true that among them are some of the most refractory, most resistant to all attacks of present day medical science. Nevertheless, if much further progress is to be made in adding to the present expectation of life, the attack must be persisted in.

In forming an idea of what gains we may reasonably look for through our efforts in this direction, it is helpful to have before us actual figures of the years of life lost, on an average, from these principal causes; or, to put the matter the other way about, the years of life that would be gained if any one of these causes were completely eliminated.

In a series of articles in successive issues of this BULLETIN we shall accordingly make a survey of the years of life lost from each of the principal causes of death. We begin with the case of organic heart disease, which, as our readers know, today heads the list of all the causes through the large number of victims which it claims annually.

The mean length of life for white persons of both sexes combined is 61¼ years, according to the latest United States life table (1930). If we could completely eliminate deaths from organic heart disease, this mean length of life would be increased to 63¾ years. Considering the sexes separately, the gain would be 2.4 years for males and 2.6 years for females.

These figures relate to the mean length of life, or as it is often called, the expectation of life *at birth*. It is of equal, or perhaps in some respects even of greater interest, to know how the expectation of life or "mean after-lifetime" at successive ages of life would be affected by the complete elimination of heart disease. In the first part of the appended table is shown the number of years that would be gained in the expectation of life at successive ages. The figures are shown both for the year 1920 and for 1930. It will be seen that the greatest absolute gain, namely 2.62 years for males and 2.70 for females, occurs at the decade 32 to 42 years, where it is slightly greater than the corresponding gain in expectation of life at birth. At advancing ages the total expectation of life diminishes, and naturally the possible gains by the elimination of deaths from heart disease, at and above these ages, also diminish.

The figures for 1930 compared with those for 1920 reflect the familiar fact that the deathrate from heart disease has increased in recent years. So, for example, at age thirty-two, in 1920, the possible gains by

the elimination of organic heart disease were 1.95 years for white males and 2.09 for white females. In 1930 the corresponding figures were 2.62 and 2.70. Thus, we were, in 1930, further removed than in 1920 from the ideal of total elimination of all deaths from heart disease.

A better view of the situation is obtained when we consider, not the absolute number of years to be gained at successive ages, but the percentage which these years constitute of the remaining average years of life at each age. The corresponding figures are shown in the second part of the table. It will be seen that, expressed in this way, the gains that would result from complete elimination of heart disease form a steadily increasing series of figures as age advances. At birth, for a white male, the possible gains are 4.1 per cent. of the expectation of life, according to the 1930 life table. At age 32 the figure has risen to 7.3 per cent. At age 62 it is 16.7 and at age 82 it is 26.5 per cent. A similar series of figures is shown in the part of the table relating to white females. Like the absolute numbers of years, the per cent. possible gains also show an increase in 1930 over 1920, but the change is much more marked.

YEARS OF LIFE AND PER CENT. OF REMAINING YEARS OF LIFE LOST THROUGH ORGANIC HEART DISEASE

United States Death Registration States of 1920 in 1920 and 1930
White Persons by Sex

Sex; Year	AGE								
	0	12	22	32	42	52	62	72	82
	YEARS OF LIFE LOST								
Males:									
1920.....	1.79	1.95	1.93	1.95	1.96	1.91	1.75	1.37	.86
1930.....	2.41	2.61	2.60	2.62	2.62	2.52	2.26	1.84	1.27
Females:									
1920.....	2.00	2.10	2.08	2.09	2.07	1.98	1.81	1.42	.91
1930.....	2.58	2.73	2.70	2.70	2.69	2.58	2.38	1.98	1.38
	PER CENT. OF REMAINING YEARS OF LIFE								
Males:									
1920.....	3.2	3.8	4.5	5.5	7.0	9.3	12.6	16.1	17.9
1930.....	4.1	4.9	5.9	7.3	9.5	12.6	16.7	22.1	26.5
Females:									
1920.....	3.5	4.0	4.7	5.7	7.1	9.2	12.5	15.9	17.9
1930.....	4.1	4.9	5.8	7.0	9.0	11.8	16.2	22.0	27.0

Health Gains Among Insured Negroes

In the January number of the STATISTICAL BULLETIN, we showed that the deathrate of the many millions of Metropolitan Industrial policyholders was lower in 1932 than ever before. We are now able to announce that both white and negro policyholders shared in the improvement, and that the deathrate for each reached a new minimum last year. Furthermore, among approximately 2,000,000 negroes insured by the Company in its Industrial Department, there was actually a greater reduction in the mortality rate than obtained among insured white persons.

The facts for the important causes of death show that the colored insured made the greater improvement in the mortality record for respiratory conditions, diarrheal complaints and for all accidents combined. These favorable developments for negroes, coupled with the fact that their heart disease deathrate increased only negligibly, as compared with a large increase for white persons, accounts, in large part, for the relatively greater improvement among colored Metropolitan Industrial policyholders.

The table on page 9 shows the extent to which the mortality has improved, for most of the diseases, during the three-year period 1930-1932. In that time the tuberculosis deathrate has dropped, for white policyholders, to the remarkably low figure of 54.4 per 100,000, or more than 12 per cent. in three years; during the same time the tuberculosis deathrate for negroes has decreased nearly 11 per cent.

Both races have recorded declines in the mortality from three of the four principal epidemic diseases of childhood, the exception being scarlet fever. The rise shown for this disease is in no way disturbing as the mortality is low for each race.

Throughout the list of causes of death in the table on page 9, it will be noted that wherever increases are shown, they are in evidence, almost without exception, for both color groups. Those for which the rate for white persons has had the larger increases are influenza, cerebral hemorrhage, heart disease and chronic nephritis, while the opposite is true for scarlet fever, cancer and suicides. Homicide is the single instance in which there was an increase for one race and a drop for the other.

One of the particularly noteworthy items in the table is the high deathrate for diabetes among negro policyholders. For a number of years now, the diabetes mortality among these insured negroes has exceeded that among white persons. This is in strong contrast with conditions twenty years ago when the white diabetes deathrate was heavily in excess of that for the colored. It should be borne in mind that the Industrial policyholders, both white and colored, live almost entirely in the cities, and the higher diabetes mortality among these urban negroes has shown distinctly that under

conditions of urban environment, the colored race does not have the relative immunity to this disease, which two decades ago it was thought to have. The latest data for the general population of the country, in the rural districts, show that white persons register a considerably higher diabetes deathrate than do the colored.

Deathrates per 100,000 Persons Exposed. Years 1932, 1931 and 1930 Compared. By Color, for Principal Causes of Death. All Ages. Metropolitan Life Insurance Company, Industrial Weekly Premium-Paying Business

Causes of Death	Deathrate per 100,000 Persons Exposed						Per Cent. Decline(—) or Increase(+) 1932 and 1930 Compared	
	White			Colored				
	1932	1931	1930	1932	1931	1930	White	Colored
Total—All Causes	781.6	792.0	785.0	1471.6	1538.0	1520.8	— .4	— 3.2
Typhoid fever	1.5	1.9	1.9	3.2	6.2	5.9	—21.1	—45.8
Measles	1.8	3.3	3.0	.8	1.8	2.0	—40.0	—60.0
Scarlet fever	3.0	3.5	2.7	1.1	1.3	.9	+11.1	+22.2
Whooping cough	2.9	3.6	4.2	3.4	3.9	4.5	—31.0	—24.4
Diphtheria	4.2	4.7	6.3	1.8	2.7	3.2	—33.3	—43.8
Influenza	16.6	17.5	12.1	39.3	49.3	34.7	+37.2	+13.3
Meningococcus meningitis	1.2	2.1	2.9	1.6	6.0	8.3	—58.6	—80.7
Tuberculosis—All forms	54.4	57.2	61.9	196.2	224.1	220.0	—12.1	—10.8
Tuberculosis of resp'y system	48.0	50.4	53.8	174.9	198.1	192.1	—10.8	— 9.0
Tuberculosis of meninges, etc.	2.6	2.8	3.6	4.7	6.4	6.2	—27.8	—24.2
All other forms of tuberculosis	3.8	3.9	4.5	16.6	19.6	21.7	—15.6	—23.5
Cancer—All forms	89.8	83.6	77.9	101.5	88.2	80.2	+15.3	+26.6
Diabetes mellitus	22.6	20.7	18.0	26.5	24.1	21.1	+25.6	+25.6
Alcoholism	2.2	2.7	3.0	3.8	4.5	4.5	—26.7	—15.6
Cerebral hemorrhage; apoplexy	54.4	52.5	52.0	124.5	121.9	121.5	+ 4.6	+ 2.5
Diseases of heart*	142.7	134.0	129.8	259.8	256.7	254.8	+ 9.9	+ 2.0
Total respiratory diseases	68.0	75.2	77.6	130.9	147.5	152.4	—12.4	—14.1
Bronchitis	2.5	2.7	3.1	3.4	3.9	5.6	—19.4	—39.3
Bronchopneumonia	24.9	28.6	29.3	35.1	41.0	42.4	—15.0	—17.2
Pneumonia—Lobar and undefined	34.2	37.5	38.3	81.9	91.4	92.2	—10.7	—11.2
Other diseases of resp'y system	6.3	6.4	6.9	10.5	11.2	12.1	— 8.7	—13.2
Diarrhea and enteritis	11.3	15.8	20.6	9.9	15.1	19.0	—45.1	—47.9
Under 2 years	8.6	12.8	16.1	4.2	7.9	11.3	—46.6	—62.8
2 years and over	2.7	3.0	4.5	5.8	7.2	7.7	—40.0	—24.7
Acute nephritis	2.7	2.9	3.1	9.9	11.4	15.1	—12.9	—34.4
Chronic nephritis (Bright's Disease)	59.7	58.0	58.1	141.4	137.1	140.7	+ 2.8	+ .5
Puerperal state—Total	9.8	10.9	11.3	16.4	18.2	18.5	—13.3	—11.4
Total external causes	67.8	73.2	74.1	102.2	111.9	114.9	— 8.5	—11.1
Suicides	11.0	10.4	10.2	7.6	7.2	7.0	+ 7.8	+ 8.6
Homicides	3.1	3.7	3.4	30.8	32.3	30.7	— 8.8	+ .3
Accidents—Total	53.7	59.1	60.5	63.8	72.4	77.2	—11.2	—17.4
Automobile accidents	18.6	21.7	20.8	21.4	24.2	21.5	—10.6	— .5
Other diseases and conditions	164.8	168.8	164.5	297.2	306.2	298.6	+ .2	— .5

*Excludes pericarditis, acute endocarditis, acute myocarditis and angina pectoris.

Health Record for May, 1933

THE May deathrate among Metropolitan Industrial policyholders was a little higher than for the corresponding month of last year, but, nevertheless, well below the average figure for that month. The cumulative rate for the January–May period was 3.3 per cent. higher than for the like part of 1932. Among the insured persons living in the Pacific Coast and Mountain states, the year-to-date deathrate was 6.1 per cent. above last year's figure; in the rest of the United States, where the great bulk of the insured live, the increase was 3.7 per cent. Among approximately 1,100,000 Canadians, however, the mortality has been running lower, for this part of the year, than ever before, and the cumulative rate is 4.9 per cent. below that for the corresponding period of 1932.

Several of the principal causes of death have continued to register much higher deathrates than during the first part of 1932. The cumulative rates for influenza, cancer, diabetes, cerebral hemorrhage and heart disease have increased 37.3 per cent., 4.6 per cent., 11.6 per cent., 6.2 per cent. and 9.5 per cent., respectively. On the other hand, there are four diseases for which outstanding improvement is shown this year. The deathrate for diphtheria, which has been declining almost without interruption for a long period of years, shows a further reduction of exactly 50 per cent. from the figure registered for the like part of 1932; that for whooping cough has dropped about 35 per cent. The downward trend for tuberculosis is persisting, and the reduction for the five elapsed months is 6.3 per cent. The cumulative pneumonia deathrate, despite the widespread prevalence of influenza in January and February, is running well below last year's figure for this part of the year; and barring unfavorable developments during the rest of 1933, a new minimum in the mortality from this disease will be established this year. The suicide rate is identical with that for the January-May period of last year; homicides and automobile fatalities have not been quite so frequent, for all accidents considered collectively, a very slight increase is shown.

The May deathrate of the general population in the large cities of the United States was 10.8 per 1,000, as compared with 11.3 in April, and 11.5 during May, 1932. As compared with April, two reportable diseases, poliomyelitis and typhoid fever, showed increased incidence. Substantial decreases were reported in cases of diphtheria, influenza, measles, scarlet fever and smallpox. The same two diseases are found to have increased, and the same five to have decreased in prevalence, when the comparison is made with the facts for May, 1932.

The following table shows the mortality among Industrial policyholders for May, 1933; April, 1933, and May, 1932, together with the cumulative rates for the first five months of each year.

METROPOLITAN LIFE INSURANCE COMPANY

Deathrates per 100,000 for Principal Causes. Weekly Premium-Paying Business in Industrial Department. All Ages (Annual Basis).*

MONTHS OF MAY, 1933; APRIL, 1933, AND MAY, 1932

CAUSES OF DEATH	ANNUAL RATE PER 100,000 LIVES EXPOSED*				
	May 1933	April 1933	May 1932	Cumulative Jan.–May	
				1933	1932
TOTAL—ALL CAUSES	881.9	829.4	840.1	945.3	915.4
Typhoid fever	.8	.8	1.0	.8	1.1
Measles	3.4	3.8	3.2	2.5	2.8
Scarlet fever	3.7	3.9	4.3	3.9	4.0
Whooping cough	1.6	1.7	2.9	2.4	3.7
Diphtheria	1.1	2.2	3.0	2.4	4.8
Influenza	11.7	16.0	18.6	38.3	27.9
Tuberculosis (All forms)	70.4	61.6	70.8	68.5	73.1
Tuberculosis of respiratory system	61.0	54.9	62.9	61.3	65.0
Cancer (All forms)	93.3	81.4	85.7	92.5	88.4
Diabetes mellitus	22.6	24.3	22.4	26.9	24.1
Cerebral hemorrhage; apoplexy	68.7	61.2	61.7	70.5	66.4
Diseases of heart†	169.9	160.5	155.9	181.5	165.8
Pneumonia (All forms)	62.6	72.6	68.9	88.4	90.7
Other respiratory diseases	10.9	11.1	9.2	11.6	10.9
Diarrhea and enteritis	7.9	7.2	7.3	7.2	8.0
Chronic nephritis (Bright's disease)	69.0	64.4	64.9	71.9	71.8
Puerperal state—total	10.7	9.8	9.7	10.5	10.7
Suicides	10.2	9.8	11.3	10.5	10.5
Homicides	5.8	6.2	5.3	5.9	6.1
Accidents—total	51.0	41.7	47.3	49.4	49.2
Automobile accidents	18.3	14.0	16.0	17.0	17.3
All other diseases and conditions	206.5	189.5	186.8	199.8	195.3

*The rates for 1933 are subject to slight correction, since they are based on provisional estimates of lives exposed to risk.

†Excludes pericarditis, acute endocarditis, acute myocarditis and angina pectoris.

Correspondence on the subjects discussed in these BULLETINS may be addressed to: The Editor,

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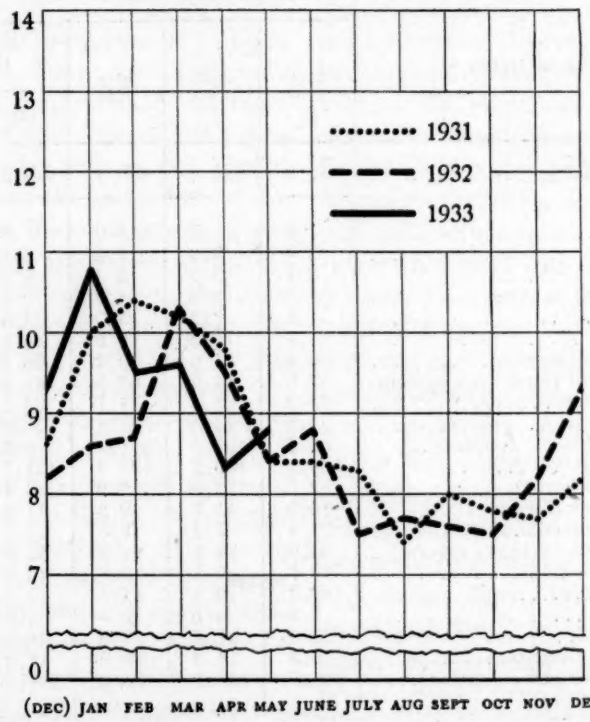
DEATHRATES FROM ALL CAUSES

in the Metropolitan Life Insurance Company
Industrial Department

DEATHRATE PER 1,000—ANNUAL BASIS



	(DEC)	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
1931		10.0	10.4	10.2	9.8	8.4	8.4	8.3	7.4	8.0	7.8	7.7	8.2
1932		8.6	8.7	10.3	9.5	8.4	8.8	7.5	7.7	7.6	7.5	8.2	9.3
1933*		10.8	9.5	9.6	8.3	8.8							

**Rates for 1933 are provisional*

METROPOLITAN LIFE INSURANCE COMPANY PRESS
NEW YORK, U.S.A.
78216